

Have you worked as a CIT for Schoolhouse of Wonder camps in the past? _____

If so, when, and for which camps: _____

Please write below or attach a brief statement letting us know why you wish to be a CIT with our camp programs:

Of the camps you have applied to train in, please let us know your preference by ranking your favorite two jobs: _____

CONTRACTUAL ARRANGEMENT B/W SCHOOLHOUSE OF WONDER AND CIT'S FAMILY:

I understand that I must attend the CIT Training Day on Friday, June 11, 2010, 8:00 AM – 5:00 PM.

I understand my application with appropriate tuition payment must be received by April 30, 2010 in order that I may be considered for a limited number of Counselor in Training openings.

Program Times:

I understand that the weeklong camps for Age 5-7 begin at 8:15am and end at 3:00pm with afternoon pick-up scheduled from 3:00–3:15pm. Weeklong camps for Age 8-12 begin at 8:15 and end at 5pm with pick-up from 5:00–5:15pm. I understand that CITs should be present for the duration of each camp day, all week.

Authorization for Emergency Medical Care:

Should an accident or emergency occur that requires my child to receive medical care, I hereby give permission to the physician selected by Schoolhouse of Wonder staff to hospitalize and/or secure proper treatment for my child, except as noted below. I agree to be liable for these noted exceptions.

Exceptions to Treatment/Hospitalization: _____

Insurance Information:

Policy Holder's Name _____

Policy Number _____ Insurance Company _____

My child has my permission to enter into all camp activities. Schoolhouse of Wonder has been given all necessary medical and behavioral information about my child's health and well being.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

Please send this completed application form along to:

Schoolhouse of Wonder

5101-B North Roxboro Road, Durham, NC 27704-1419

T-Shirts

One t-shirt is complimentary for CITs. Please indicate your size.

Child S M L

Adult S M L XL